DOCUMENT RESUME

ED 314 838 EA 021 527

TITLE Human Immunodeficiency Virus and the Enrolled Student: A Model Policy.
INSTITUTION Iowa State Dept. of Education, Des Moines.
PUB DATE Nov 89
NOTE 12p.
PUB TYPE Guides - Non-Classroom Use (055) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Communicable Diseases; Disease Control; Elementary Secondary Education; Physical Health; Public Health; *School Policy; School Responsibility
IDENTIFIERS *Iowa

ABSTRACT

In the nearly 4 years since the initial publication of the model policy "Communicable Diseases and the Enrolled Student" in January 1986, the statistics, recommendations, and even the terminology of Acquired Immune Deficiency Syndrome (AIDS) have changed significantly. In light of the new information, the model policy, recommended for consideration or adoption by schools and school districts in Iowa, has accordingly been revised. Delineated within this document are changes in: (1) the admission and enrollment policy; (2) confidentiality of medical status as a Human Immunodeficiency Virus (HIV)-infected student; (3) health education and universal precautions; and (4) the appeal and review policy. Because blood and bodily fluids of all persons are considered potentially infectious for HIV, Hepatitis B Virus, and other bloodborne pathogens, "Universal Blood and Body Fluid Precautions" should be consistently followed. Appended is a listing of universal precautions for use in a school system. (KM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned this document for processing to: EA

In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view. CG

ED314838

Human Immunodeficiency Virus and the Enrolled Student: A Model Policy

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Mary Jo Brutt

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Iowa Department of Education
November, 1989

EA 021 527

BEST COPY AVAILABLE

MODEL POLICY ON
HUMAN IMMUNODEFICIENCY VIRUS
AND THE ENROLLED STUDENT

IMPORTANT: THIS IS A MODEL ONLY

Do not accept any portion of this model as local policy or rules until after full and sufficient consideration. It is always wise to have proposed local policies and regulations reviewed by legal counsel.

Des Moines, Iowa
November, 1989

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, religion, national origin, sex, age, or disability.

The Department provides civil rights technical assistance to public school districts, nonpublic schools, area education agencies, and area schools to help them eliminate discrimination in their educational programs, activities, or employment. For assistance, contact the assistant chief, Bureau of School Administration and Accreditation, Iowa Department of Education.

State of Iowa
DEPARTMENT OF EDUCATION
Grimes State Office Building
Des Moines, Iowa 50319-0146

STATE BOARD OF EDUCATION

Karen K. Goodenow, President, Spirit Lake
Dianne L.D. Paca, Vice President, Garner
Betty L. Dexter, Davenport
Thomas M. Glenn, Des Moines
Francis N. Kenkel, Defiance
Ron McGauvran, Clinton
Mary E. Robinson, Cedar Rapids
Ann Wickman, Atlantic
George Wilson, Sioux City

ADMINISTRATION

William L. Lepley, Director and Executive Officer
of the State Board of Education
David H. Bechtel, Special Assistant
Mavis E. Kelley, Special Assistant

Prepared by a Committee of Health and Education Professionals

Laverne Wintermeyer, M.D.	Director of Infectious Disease: State Epidemiologist, Department of Public Health, Chair
Kathy L. Collins, J.D.	Administrative Legal Consultant, Department of Education
Charlotte Burt	Consultant, School Health Services, Department of Education
Cheryl Christie	Department of Public Health
Patricia Young	Department of Public Health
Elaine Edge	Consultant, AIDS Education, Department of Education
June Harris	Consultant, AIDS Education, Department of Education

Teri S. Nordgaard, Editorial Assistant

Model Policy: Human Immunodeficiency Virus and the Enrolled Student

Introduction

In the nearly four years since the initial publication of the Model Policy on "Communicable Diseases and the Enrolled Student" in January, 1986, the statistics, recommendations, and even terminology of AIDS have changed significantly. The Model Policy has accordingly been revised.

Statistically, AIDS has reached nearly epidemic proportions since the first U.S.-reported case in 1981: 59,391 persons have died; 43,230 are living with the diagnosis of AIDS. In Iowa, 3 cases have been reported in children under age 13, and 1 between the ages of 13 and 19. The Center for Disease Control estimates 1 to 1.5 million people may be infected with the Human Immunodeficiency Virus (HIV). The Center for Disease Control no longer recognizes the category we once referred to as AIDS-Related Complex or ARC. Because persons infected with HIV are just as or more contagious than those who have developed the disease known as AIDS, legal protections and medical precautions are applicable to all HIV-positive people.

The following data represent the current state of medical knowledge and research regarding HIV infection and transmission.

Children infected with the Human Immunodeficiency Virus do not pose a threat to family members in the home, to fellow students in group residential care settings, to health care personnel in hospitals or

clinics, to their classmates in regular school, or in daycare, preschool or any other type of group educational or care situation.

It has been firmly established that HIV can be transmitted in only three specific and distinct ways: through direct inoculation of blood (most often by sharing of contaminated needles by drug addicts), by rectal or vaginal sexual intercourse (homosexual or heterosexual contact), or by transmission of the virus from an infected mother to her child (either during pregnancy or the birthing process).

"Only blood, semen, cervical secretions, and (rarely) human milk, have been implicated as the means of transmission of the virus from one person to another."[1]

"Body fluids, such as tears, saliva, urine, and stool may contain HIV in low concentration. There is no evidence that transmission has occurred by contamination with these fluids. Additional information now indicates that such transmission has never been recorded anywhere in the world."[2]

"HIV is not highly contagious and transmission ordinarily requires repeated sexual contact or intravenous inoculation."[3]

When a health care worker accidentally inoculates himself or herself with a significant amount of blood recently withdrawn from a person known to be infected with the HIV, THE ODDS OF BECOMING INFECTED WITH HIV ARE LESS THAN ONE PERCENT.

Because persons who are infected with HIV may not know their positive status, infection control procedures known as Universal Precautions should be followed whenever injuries or accidents involving bleeding occur. The use of Universal Precautions reduces the risk of HIV transmission as well as other bloodborne infections (i.e., Hepatitis B). Universal Precautions apply to blood and other body fluids containing visible blood. They do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus unless they contain visible blood. (See Universal Precautions Guideline in Appendix A.)

In light of this information, the policy statements that follow are recommended for consideration or adoption by schools and school districts in Iowa.

NOTE: It is important that a delineation be made between "policy" and "rule." Policy is that general statement of direction given by the board of directors to all concerned. A rule is the method developed by school administration through which the policy is carried out. Rules detail the application of policy to specific circumstances. Proposed policies and rules should always be reviewed by legal counsel.

Footnotes

[1] "Pediatric Guidelines for Infection Control of Human Immunodeficiency Virus (Acquired Immunodeficiency Virus) in Hospitals, Medical Offices, Schools and Other Settings," Pediatrics, Vol. 82, #5, Nov. 1988, p. 801, 802.

[2] Id. at 802.

[3] Id. at 801.

Admission and Enrollment

It is the policy of the _____ Community School District not to discriminate against students on the basis of handicapping condition or medical status. Students who are identified as being infected with the human immunodeficiency virus will be allowed to attend school in an unrestricted setting unless conditions arise in the school that place the infected student at risk of special health hazards, or the student is too ill to attend.

No prescreening or testing for the purpose of detecting HIV infection will be conducted by the school district, nor will admission, enrollment or continued attendance of any student be conditioned on providing proof that the student is free from HIV infection.

Confidentiality of Medical Status as HIV-Infected Student

It is the policy of the _____ Community School District that information regarding a student's HIV status will be treated as confidential. This information will be released only with parental or eligible student's consent to staff or persons who have a need to know, as determined by the student, his or her parents or guardians, the student's physician, and school officials working in concert. All district personnel who receive confidential medical information regarding a student's HIV status will maintain strict confidentiality of the data. Any staff member who unreasonably violates this policy is subject to disciplinary sanctions and civil liability.

Health Education and Universal Precautions

It is the policy of the _____ Community School District that all school personnel shall receive instruction in the proper handling, treatment and disposal of bodily fluids or wastes based upon Universal Precautions as recognized by medical professionals. These procedures shall be followed for all students, regardless of HIV status.

Inservice education of all staff shall be provided annually to ensure that current, accurate information about human immunodeficiency virus and AIDS is available.

The Superintendent of the _____ Community School District shall serve as or designate a spokesperson for the district who shall act as a liaison to the community regarding the district's policies on AIDS and human immunodeficiency virus.

Appeal and Review

In the event the student is denied admission to or continuance in an educational program in violation of this policy, or in the event a conflict arises over the release of confidential medical information governed by this policy, the student or his or her parent or guardian may appeal the decision to the board of directors and, if still aggrieved, to the State Board of Education in accordance with Iowa law.

This policy shall be reviewed by the board of directors annually, or at any time new medical or legal information on HIV or AIDS is available that causes the advisability of this policy to be questioned.

UNIVERSAL PRECAUTIONS IN A SCHOOL SETTING

Blood and certain body fluids of all persons are considered potentally infectious for human immunodeficiency virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens. "Universal Blood & Body Fluid Precautions" should be consistently used regardless of any persons blood-borne infection status. These precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposures of workers to bloodborne pathogens.

Universal Precautions APPLY to blood and other body fluids containing visible blood. These precautions also apply to semen and vaginal secretions although these have not been implicated in occupational exposures.

Universal Precautions DO NOT APPLY to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood.

I. Use of Protective Barriers

A. Gloves should be worn for touching blood or body fluids containing visible blood, mucous membranes or non-intact skin and for handling items or surfaces soiled with blood or body fluids that contain visible blood. Gloves should be changed after each individual contact.

Note: Rubber gloves are recommended for cleaning any body fluid spill (i.e., vomitus, urine, or feces) because these body fluids commonly transmit other infections (Hepatitis A, salmonella).

B. Masks and protective eyewear prevent exposure of the mucous membranes of the eye, nose or mouth. They should be worn if the procedure or care given is likely to produce droplets of blood or fluids contaminated with blood.

C. Hands, skin surfaces and clothing should be washed thoroughly and as soon as possible if they become contaminated with blood or body fluids containing visible blood.

D. Precautions should be taken to prevent injuries caused by needles or other sharp instruments or devices.

- when cleaning instruments.
- during disposal of needles. Needles should not be recapped, bent, or broken by hand or removed from disposable syringes.
- needles & sharp should be immediately placed in puncture resistant containers which are located as close as practical to use area.

II. Minor Scrapes & Cuts

When possible, students should be encouraged to take care of their own minor injuries. They can wash the cuts and apply bandages. Employees who help clean minor cuts and scrapes should remember that getting blood on their own unbroken skin is not a risk. HIV cannot penetrate unbroken skin. Hands should be washed afterwards.

III. Large Blood Spills (as from serious nosebleeds or cuts)

Employees should provide a barrier between their skin and the blood of others. This can be done with rubber gloves. Teachers or coaches can also encourage students to apply pressure with their own hand over a bloody nose or wound, and the teacher can press down on the students hand. A thick layer of paper towels or cloth can also provide a barrier.

IV. Cleaning & Decontaminating Spills of Blood

All spills of fluids containing visible blood should be promptly cleaned up using an EPA-approved germicide or a 1:100 solution of household bleach in the following manner while wearing gloves.

A) Visible blood should be first removed with disposable towels or other appropriate means that will ensure against direct contact with blood.

B) If splashing is anticipated, protective eyewear should be worn along with an impervious gown or apron which provides an effective barrier to splashes.

C) The area should then be decontaminated with an appropriate germcide.

D) Hands should be washed following removal of gloves.

E) Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed according to school policy.

F) Non-reuseable contaminated items should be placed in a plastic bag and disposed as conventional garbage.

G) Plastic bags should be available for removal of contaminated items from the site of the spill.

V. Disposing of Soiled Linen

Blood contaiminated linen should be handled as little as possible. The linen should be placed and transported in bags that prevent leakage. Normal laundry cycles should be used according to the washer and detergent manufactures' recommendations. Hot water is not necessary for decontamination purposes